

doing away with the difficult and painful operation of iridectomy. The chief element in the treatment is to know how to employ this strong and dangerous vasoconstrictor. Two points must be carefully noticed: (1) To instil the adrenalin sufficiently long to momentarily stop the secretion of the intraocular fluids and to cause a perceptible diminution of the tension. (2) To carefully avoid the production of a dangerous and irremediable hypertension.—*Journal de médecine de Paris*, 1904, No. 17, p. 167

Adrenalin in Cancers of the Respiratory Passages.—M. MAHER has employed this agent in cancers of the larynx and of the mouth with the result of improving the condition of the patients, suppressing the tendency to hemorrhage and lessening the pain. M. ICHARD has in a number of cases obtained an almost complete cicatrization of the ulcerating surfaces and has stayed the growth of the lesions in one patient for a period of sixteen months. A 1 : 1000 solution was at first employed, but it had the disadvantage of deteriorating rapidly upon exposure to the air. A permanent powder, such as the following: adrenalin, 5 parts; tartaric acid, 5 parts; sodium chloride, 90 parts, from which a fresh solution of 1 : 1000 strength may be readily made, obviates this difficulty. The applications of the adrenalin are usually made every two days. By this treatment epitheliomata of the larynx, of the tongue and of other regions, such as the breast, are greatly relieved.—*Journal de médecine et de chirurgie pratiques*, 1904, No. 7, p. 258

Iodine Glycerole in Granular Conjunctivitis.—DR. JABLOWSKI has obtained excellent results from the employment of this remedy in this condition. The strength of his solution is 1 part in 60. With this he paints the inflamed conjunctiva. The application is only slightly painful, and the treatment seems to have a particularly favorable action upon old granulations which have become acutely inflamed and in recurrent cases which have been treated with silver nitrate. Also in trachomatous pannus the iodine acts well and is likely to cause permanent cure. The duration of the treatment varies with the gravity of the lesion. Cure is usually complete after from three to four months of daily applications.—*La semaine médicale*, 1904, No. 15, p. 120.

Intravenous Injections of Sodium Salicylate in Rheumatism.—DR. FELIX MENDEL reports excellent results from this treatment, even in rebellious cases. His formula is as follows, the caffeine being added to lessen the tendency to local irritation: sodium salicylate, 2.2 drachms; caffeine, 20 grains; distilled water, 12.5 drachms. Thirty minims of this solution are injected and repeated twice a day in severe cases. In those less severe the injections may be given as infrequently as every three days. In 80 cases of monarticular and polyarticular rheumatism, sciatica, lumbago, and rheumatic pleurisy so treated the effects have been very good. The injections are given into one of the larger veins of the arm.—*La semaine médicale*, 1904, No. 16, p. 128.

Quinic Acid in Gouty Conditions—DR. J. WEISS advocates the use, in these conditions, of quinic acid alone, or, perhaps, preferably, in combination with lithium, the combination being termed urosin. In

dosage of from 3 to 4 drachms daily it diminishes the excretion of uric acid appreciably and increases the output of hippuric acid to a considerable extent. In arthritic conditions with pain, stiffness and tophi, the administration of from 45 to 75 grains daily, best taken dissolved in water after meals, in divided doses, affords marked relief. The author considers that in urosin we have a remedy for the uric-acid diathesis as efficacious as is quinine against malaria or salicylic acid against acute rheumatism.—*Wiener klinische therapeutische Wochenschrift*, 1904, No. 18, p. 493.

Sodium Sulphanilate in Exophthalmic Goitre.—DR. KIRNBERGER bases his theory of this treatment upon the idea that the condition is an autointoxication due to the superproduction of iodothyron by the hypertrophied thyroid gland. Knowing the efficacy, as exploited by Ehrlich, of sulphanilic acid and its sodium salt in the treatment of iodism, the author has used these means in exophthalmic goitre. The dosage was at least 2.5 drachms per day, which was well tolerated and productive of good results. In all cases the drug had a calming effect, increased the patient's strength, and diminished the tachycardia. In most cases the tremors and the size of the thyroid were uninfluenced. The author concludes that the drug is merely palliative in its effects and to be employed to relieve the symptoms, either alone or in connection with other treatment.—*Revue française de médecine et de chirurgie*, 1904, No. 16, p. 381.

The Treatment of Cardiac Insomnia.—DR. FEILCHENFELD states that insomnia at the commencement of cardiac insufficiency manifests itself thus: After a deep slumber of two hours or so the patient will awake with obstinate oppression and palpitation; further sleep is often impossible, and the same phenomena reappear night after night. Upon examination of the heart nothing is found, and the insomnia is attributed to nervousness. Such sleeplessness should be treated at first by hygienic measures and hydrotherapy; later, if necessary, hypnotics (morphine, sulphonal, codeine) may be prescribed, but only in small doses. Large doses do not cause sleep, but aggravate the patient's condition. The author has achieved good results from 0.25 grain of powdered digitalis, combined with 0.125 grain of morphine hydrochlorate, given during the evening, and 0.125 grain of sulphonal given several times during the afternoon. Large doses must be avoided, and it is remarkable what good results are obtainable.—*Berliner klinische Wochenschrift*, 1904, No. 11, p. 282.

The Medical Treatment of Pyloric Stenosis.—M. THAON states that the first consideration in the treatment of this affection is regulation of the diet. Strict milk diet, three or four quarts in twenty-four hours, should be prescribed, together with wet compresses over the epigastrium. When there is severe pain bismuth, in doses of from 3 to 4 drachms, mixed with 6 ounces of water, should be given. Following this treatment a gradual return to solid diet is allowed. Sodium bicarbonate is useful to correct hyperacidity, and in fermentative conditions, antiseptics, such as ammonium fluoride, iodized sulphur, benzonaphthol, betol with bismuth salicylate, resorcin with bismuth, or spraying with silver nitrate solution, may be employed. When there is pyloric spasm,